



# UNIFIED INTERNATIONAL TAEKWON-DO FEDERATION

President/Founder - Grand Master Hwang, K.S. K-9-1

101 Birch Mountain Rd.  
Manchester, CT 06040, USA  
[info@unified-itf.com](mailto:info@unified-itf.com)  
[www.unified-itf.com](http://www.unified-itf.com)

## Unified ITF Winter Getaway Registration Form

Event Date: February 26<sup>th</sup>-28<sup>th</sup>

Location: Bay Harbor Hotel  
7700 Courtney Campbell Causeway  
Tampa, Florida

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Rank: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Instructor: \_\_\_\_\_

Location of School: \_\_\_\_\_

Will any friends or family members attend dinner on Saturday night (\$30 per person)?

If yes, how many? \_\_\_\_\_ (Dinner is included with the seminar registration fee)

Number of Adults	Number of Children 12 & Under

Will you and any additional family members or friends go to **Busch Gardens** on 2/28? Tickets can be purchased in advance for \$85 per person. Number of Tickets \_\_\_\_\_

T-shirt size: Please indicate adult or youth. Note: One T-Shirt is included with registration fee. Additional T-Shirts available at \$15 each.

Number of Shirts	Size (S,M,L,X-Large,XX-Large)	Youth or Adult

Please complete this form and email to:

[admin@unified-itf.com](mailto:admin@unified-itf.com) no later than Saturday FEBRUARY 6, 2016

Payment Information:

Seminar registration fee is \$100 per person

Please send check or money order to:

Unified ITF  
101 Birch Mt. Road  
Manchester, CT 06040

Or pay via paypal using the address: [admin@unified-itf.com](mailto:admin@unified-itf.com)



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By checking this box I have read and agreed to the below statement.  
I agree to fully participate in all TKD activities. Some of these activities involve the risk of personal injury. I understand that the Unified International Taekwon-Do Federation LLC cannot safeguard against all such injuries and I expressly agree to assume such risk and waive and release the Unified International Taekwon-Do Federation LLC, it's officers, agents, instructors, employees and subcontractors from any claim of liability, including the negligence for any loss, damage or injury incurred during the program.

Please enter your name in the signature field.

Print Participant Name: \_\_\_\_\_ Date \_\_\_\_\_

Print Guardian Name \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date \_\_\_\_\_